

Enhanced Lifeline & Link-Up Assistance Application for Eligible Residents Living on Tribal Lands in S.D.

(Please Print or Type)

Last Name: _____ First Name: _____ Middle Initial: _____
Billing Address: _____ City: _____ State: _____ ZIP: _____
Residential Address: _____ City: _____ State: _____ ZIP: _____
Social Security Number: _____ Telephone Number: _____ (if you have existing service)
Telephone number where you can be reached or receive messages _____
I am applying for:
_____ Lifeline (monthly telephone service discount) _____ Toll Limitation Service (free toll blocking or toll control)
_____ Link-Up (telephone connection charge discount) _____ as an individual living on "tribal land."

NOTE: Telephone service MUST be in applicant's name.

"An eligible resident of tribal lands" for purposes of the Lifeline and Linkup Assistance Programs is a qualifying low-income consumer living on a reservation. A "reservation" is defined as any federally recognized Indian Tribe's reservation, pueblo or colony, and Indian Allotments.

I currently participate in one or more of the following programs: (Check all that apply.)

- _____ Medicaid (e.g. Title XIX/Medical State Supplemental Assistance)
_____ Food Stamps
_____ Supplemental Security Income (SSI)
_____ Federal Public Housing Assistance Program (Section 8)
_____ Low-Income Energy Assistance Program (LIEAP)
_____ Temporary Assistance to Needy Families Program (TANF)
_____ National School Lunch Program's Free Lunch Program
_____ Bureau of Indian Affairs General Assistance
_____ Tribally-Administered Temporary Assistance for Needy Families (TTANF)
_____ Head Start (if income eligibility criteria are met)
_____ Tribal National School Lunch Program
_____ **OR** My household income is at or below 135% of the Federal Poverty Guidelines.

If you do not participate in one or more of the programs listed above, you may qualify for Lifeline and Link-Up if your household income does not exceed 135% of the Federal Poverty Guidelines (see table below). You must provide proof of your household income to verify your eligibility.

2008 Health and Human Services Poverty Guidelines

Number in Residence	135% Guideline (Annual)	135% Guideline (Monthly)	Number in Residence	135% Guideline (Annual)	135% Guideline (Monthly)
1	\$14,040	\$1,170	5	\$33,480	\$2,790
2	\$18,900	\$1,575	6	\$38,340	\$3,195
3	\$23,760	\$1,980	7	\$43,200	\$3,600
4	\$28,620	\$2,385	8	\$48,060	\$4,005

For each additional person after 8, add \$4,860 to the annual guideline or \$405 to the monthly guideline.

Source: Federal Register, Vol. 73 No. 15, January 23, 2008 pp. 3971-3972 (Applicable to 48 contiguous states only.)

I agree to notify the telephone company when I no longer qualify for this program based on the above criteria.

I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE INFORMATION IS TRUE. I have read the information on this application and understand that I must meet at least one of the above qualifications to receive Lifeline, Link-Up or Toll Limitation Service assistance on my primary residential telephone line.

Signature

Date

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Provide the completed application and appropriate proof of household income to your local phone company.

For more information about Lifeline and Link-Up, see www.PUC.SD.gov/Lifeline